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| **Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989** | | | | | | | | |
| **Agent/Broker/Producer Name: DIRECT** | | | | | | | | |
| **Agent/Broker License Code: NA ; Agent/ Broker Contact No:- 24\*7 Helpline 022-49745008** | | | | | | | | |
| **Certificate & Policy No.:** | | {policyno} | | **Policy Type:** | | {policy\_type} | | |
| **Period of Insurance:** | | {pdate} {ptime} | | **Date of Expiry** | | To midnight of : {penddate} | |  |
| **Insured Name & Address:** | | | | **Premium (Inclusive of All Applicable Taxes)** | | {rs}{tcp} | | |
| MR.{fname} {lname} | |  |  | **Insured** | | {profession} | | |
| {address} | | | | **Geographical Area:** | | {country} | | |
|  | | | | **Registration Authority:** | | {ra} | | |
| **HPA / Hyp / Lease to :** | | {lease} | | |
|  | | | | **Contact No:** | | {mobno} | | |
| **Registration No** | **Make & Model** | **Engine No.** | **Chassis No** | **CC** | **Mfg. Year** | **Body Type** | | **Seating Capacity** |
| {regno} | {make} {model} {variant} | {engno} | {chasis} | {cc} | {mfgyear} | {bodytype} | | {seating} |
|  |  |  | **IDV of non.built.in Accessories( )** | | | | | |
| **IDV of Vehicle ()** | **IDV of trailers ()** | **Bio Fuel/CNG/LP**  **G Kit ()** | **Electrical** | | **Nonelectrical** | | | **Total Insured Declared Values()**  **IDV** |
| {idv} | {traileridv} | {biofuel} | {electrical} | | {nonelectrical} | | | {idv} |
| **SCHEDULE OF PREMIUM** | | | | | | | | |
| **A. OWN DAMAGE** | | | | **B. LIABILITY** | | | | |
| **Premium on Vehicle and non electrical accessories** | | | {rs}{poa} | **Basic** |  | |  | {rs}{third\_party} |
| **Less : 35% for NCB** | |  | {rs}{ncb} | **Add: Compulsory PA Cover for Owner-driver200,000** | | | | {rs}{cov\_driver} |
| **A. TOTAL OWN DAMAGE PREMIUM** | |  | {rs}{od} | **Add: Legal Liability to paid driver as per (IMT 28)** | | | | {rs}{legal} |
| **C. TOTAL ADD ON PREMIUM**  **{daddon}** | |  | {rs}{tcp}  {daddonprice} | **PA cover to unnamed passengers (IMT 16) No. of**  **Passengers : 5 CSI per passenger 10,000.00** | | | | {rs}{cov\_pass} |
| **{eaddon}** | |  | {eaddonprice} | **B. TOTAL LIABILITY PREMIUM** | | | | {rs}{liab\_prem} |
| **{faddon}** | |  | {faddonprice} | **COMPREHENSIVE PREMIUM(A+B+C)** | | | | {rs}{tcp} |
| **{gaddon}** | |  | {gaddonprice} | **NET PREMIUM** | | |  | {rs}{np} |
| **{haddon}** | |  | {haddonprice} | **Total Service Tax @18%** | | |  | {rs}{gst} |
| **{iaddon}** | |  | {iaddonprice} | **--------------------------------------------------------------------**  **TOTAL ZERO DEPTH PREMIUM** | | | | ----------------  {rs}{tzdp} |
| **Drivers Clause:** Persons or classes of persons entitled to drive: Any person including the insured. Provided that a person driving holds an effective driving licenses either time o the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989 | | | | | | | | |
| **Limitations as to Use:** The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods(other than samples or personal luggage) | | | | | | | | |
| **Limits of Liability: Under SectionII.1** of policy (Death of or bodily injury) | | | | I/we here by certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with Provisions of Chapter X and XI of Motor Vehicles Act, 1988 In witness where of this Policy  has been signed at MUMBAI on {pdate} | | | | |
| Necessary to meet the requirements of the Motor Vehicles Act, 1988 | | | |
| **Under Section II .1 (ii)** of policy (Third Party Property Damage): 7,50,000.00 | | | |
| **Under Section III :** PA to Owner Driver CSI: 200,000.00 | | |  |
| Nominee: {nom} Relationship: {rel} | | |  |  |  | |  | |
| Number of claims covered under Depreciation Reimbursement Cover : NA | | | |  |  | |  | |
| Basis of claim settlement for Type Secure cover: 0 | |  |  |  | {image} | |  | |
| policy does not cover preexisting damages as per Inspection photographs & Report. | | | |  |  | |  | |
| **Deductible Under Section I :** 2,000.00 (Compulsory Deductible : 2,000.00, Voluntary Deductible:  0.00,Imposed Excess: 0.00)Franchisee: 0.00 | | | |  |  | |  | |
| **No Claim Bonus :** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as follows: The preceding year.20%,, preceding two consecutive year.25%, preceding three consecutive years.35%, preceding four consecutive years.45%,preceding five consecutive years.50%of NCB on ODPremium.NCB will only be Allowed provided the policy is renewed within 90days of the expiry date Of the previous policy. | | | |  |  | | **For Infinity Insurance** | |
|  | | | |  |  | |  | **Authorized Signatory** |
| **IMPORTANT NOTICE** | | | | | | | | |
| The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the  Certificate in order to company with the Motor Vehicles Act, 1988 recoverable from the Insured. See the clause headed ’AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY’. | | | | | | | | |
| **Note:** This Schedule, Policy terms and conditions available on company website and Endorsements mentioned herein above shall read together and word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear. Any amendments/modifications/alterations made on this system generated policy document are not valid and Company shall not be liable for any liability whatsoever arising from such changes. Any changes required to be made in the policy once issued, would be valid and effective, and only after written request is made to the Company and Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to go through the policy schedule cum certificate of insurance which is issued based on your declaration and if a n y error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other material information, it should be brought to our notice within 15 days of receipt of this policy for necessary correction along with the supporting documents, otherwise it will be deemed correct benefits, terms & conditions & exclusions of the policy. You may also reach us at our 24\*7helpline  022-49745008 in case you desire to have a printed copy of policy. | | | | | | | | |